undertake selective relocation with community involvement only for clearance of priority sites in public interest;

— expand provisions of water supply, sanitation and other basic services in slum and other settlements occupied by the poor;

— ensure proper maintenance of amenities through community involvement and decentralised institutional arrangements;

— integrate the provision of physical amenities with basic services including maternal and child welfare services and health care, structured on community participation and involvement of voluntary agencies and management by local bodies;

— promote incremental construction and upgradation by poorer households through access to land and services through technical support, outlets for low cost technology and materials, opportunities for skill upgradation and access of housing finance on flexible terms;

— provide night shelters and sanitary facilities for the footpath dwellers and the homeless.

In addition, the National Slum Development Programme (NSDP) was launched in August, 1996 to provide additional Central assistance to the States and Union Territories for slum development. A sum of Rs. 250 crore was provided to the States/UTs under this programme in 1996-97, whereas Rs. 330 crore have been allocated during 1997-98.

Transfer of Centrally Aided Schemes to States

*138. SHRI ANANTRAY DEVSHANKER DAVE:
SHRI BANGARU LAXMAN:

Will the PRIME MINISTER be pleased to state:

(a) the details of the Centrally-aided schemes which have been/are proposed to be transferred to States;

(b) whether it is a fact that the Central Government's contribution to the tune of Rs. 1500 crores is also to be placed at the disposal of State Government for its proper utilisation; and

(c) if so, the break-up of the Central contribution proposed to be given to each State, alongwith the details of various Centrally-sponsored schemes to be handled by the State Government?

THE MINISTER OF STATE IN THE MINISTRY OF PLANNING AND PROGRAMMES IMPLEMENTATION (SHRIMATI RATNAMALA DEHARESHWAR SAVANOOR): (a) to (c) An exercise has been done in the Planning Commission on the subject of transfer of Centrally Sponsored Schemes to the States, Schemes have been categorised into 4 distinct groups;

(i) Those to be retained as per the Approach Paper.

(ii) Those to be transferred with pooling of resources and their distribution among States as per Gadgil formula.

(iii) Those to be transferred with earmarking to funds.

(iv) Those to be transferred in a phased manner.

The note along with the list of schemes in each category has been circulated to all concerned Central Ministries/Departments and to all State/UT governments. On receipt of their comments a revised note will be prepared for consideration of the Full Planning Commission and NDC.

Non-availability of Medicines in CGHS Dispensaries

*139 SHRI O.P. KOHLI: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that even common medicines are not available in the CGHS dispensaries in Delhi as well as outside the Capital;

(b) if so, what are the reasons therefor and what action Government propose to

take to ensure availability of medicines in the dispensaries all over the country;

(c) whether it is also a fact that the beneficiaries have to wait for a number of days to get blood sugar tests done in the designated CGHS dispensaries in Delhi and outside Delhi; and

(d) if so, the reasons therefor and the steps taken to tone up the infrastructure to ensure such tests on prescribed dates?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) By and large most of the listed medicines in the CGHS formulaty are presently available in the dispensaries run by the Central Government Health Scheme. However, shortages encountered occasionally are made up by resorting to local purchases from the approved local chemists. In case of emergencies, an 'Authority Slip' is issued permitting the beneficiaries to collect the medicines from the authorised local chemists directly, without making any payment. Regular meetings are held with the Stores Organisation to assess the stock position of medicines and necessary steps taken to augment supplies where needed.

(c) and (d) In some dispensaries, Blood Sugar test is done on fixed days as per previous appointment. In case of medical emergency, however, blood sugar tests are got done on priority basis. For further convenience of beneficiaries, the additional facility of referral to private diagnostic centres recognised under CGHS has also been introduced, which is available to CGHS beneficiaries on the advice of a Government Specialist, and, in case of a medical emergency, even on the advice of the CMO-Incharge of the concerned dispensary.

परिवार नियोजन कार्यक्रमों के लिये कम्पनी क्षेत्र की सहायता लिया जाना

*140. **श्री राम जेठमलानी:** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का ध्यान दिनांक 11 जुलाई, 1997 के "दि हिन्दू" में 'मिनिस्टर सीक्स कारपोरेट हेल्प इन फैमिली प्लानिंग" शीर्षक से प्रकाशित समाचार की ओर दिलाय गया है;

(ख) क्या यह सच है कि सरकार ने कम्पनी क्षेत्र से परिवार नियोजन कार्यक्रमों में सहयोग देने की अपील की है;

(ग) क्या सरकार ने कम्पनी क्षेत्र के समक्ष कार्यान्वयन में उनके सहयोग की मांग हेतु कोई ठोस योजना रखी है; और

(घ) यदि हां, तो वह योजना क्या है और सरकार कम्पनी क्षेत्र से किस रुप में सहयोग की अपेक्षा रखती है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी): (क) से (घ) 11 जुलाई 1997 से "दि हिन्दू" दैनिक में प्रकाशित समाचार स्वास्थ्य और परिवार कल्याण राज्य मंत्री द्वारा 11 जुलाई, 1997 को विश्व जनसंख्या दिवस के सम्बन्ध में 10 जुलाई, 1997 को दिल्ली में भारतीय वाणिज्य और उद्योग मण्डल के परिसंघ द्वारा आयोजित संगोष्ठी में दिए गए भाषण के संदर्भ में है। अपने सम्बोधन में राज्य मंत्री ने निगमित क्षेत्र से परिवार कल्याण कार्यक्रमों का समर्थन करने तथा अपनी क्षमता के अनुरुप स्तर पर परिवार कल्याण कार्यक्रमों के कार्यान्वयन का दायित्व सम्भालने का आग्रह किया है।

उदयोग से यह प्रोबोधन सरकार के इस विचार को ध्यान में रखते हुए किया गया है कि आज देश के सम्मुख जनसंख्या एक नाजुक समस्या बनी हुई है और इस समस्या को प्रभावी ढंग से सुलझाने के लिए भारी प्रयास किए जाने की आवश्यकता है। इस प्रकार का व्यापक कार्यक्रम तब तक सफल नहीं हो सकता जब तक यह एक ऐसा राष्ट्रीय कार्यक्रम नहीं बन जाए जिसमें सरकारी, गैर-सरकारी संगठन तथा लोग सक्रिय रुप से भाग लेने लगें। बहुत बड़ी आवश्यकताओं को देखते हुए अकेले सरकारी संसाधन और प्रयास काफी नहीं होंगे। इसलिए निगमित क्षेत्र समेत गैर सरकारी क्षेत्र को इन प्रयासों में सहभागी बनने और अपने पास उपलब्ध साधनों से परिवार कल्याण कार्यक्रम का दायित्व उठाने के लिए सहमत होना चाहिए। इस बारे में सरकार ने कोई विशिष्ट कार्यक्रम अथवा वित्तीय परिव्यय का निगमित क्षेत्र को सुझाव नहीं दिया है।

भारतीय उद्योग एवं वाणिज्य मण्डल परिसंघ की परिवार कल्याण कार्यक्रमों के बारे में एक समिति है और यह एक परियोजना समन्वित परिवार कल्याण कार्यक्रम के लिए आगरा, कानपुर और मेरठ जिलों में तथा